



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

INTEGRA SPECIALTY GROUP PA
8108 FOX CREEK TRAIL
DALLAS TX 75249

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

TEXAS MUTUAL INSURANCE COMPANY

Carrier's Austin Representative Box

Box Number 54

MFDR Tracking Number

M4-11-2316-01

MFDR Date Received

March 10, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Pre-authorized - #8399609. Properly Documented. No EOB / Pre-Authorized - #8399609. No EOB received."

Amount in Dispute: \$911.92

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor billed cumulative time codes in the manner described on these dates. The significance of this is that with respect to time codes the preauthorization was for 45 minutes. Please be aware that the preauthorization that was arrived at was through mutual agreement between the requestor's representative, SHEREE, and Texas Mutual. Texas Mutual argues the requestor had the opportunity to disagree during the preauthorization process. At the time of the authorization SHEREE agreed with the terms. Texas Mutual argues the requestor cannot now retrospectively disagree with the terms of the preauthorization. For these reasons Texas Mutual argues no additional payment is due."

Response Submitted by: Texas Mutual Insurance Company

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 8, 2010, March 10, 2010, March 12, 2010, March 17, 2010, March 19, 2010 and March 26, 2010	97110, 99080-73, 97112, 97140, 99213, 97032 and 97035	\$911.92	\$516.36

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline reimbursement for professional services.

3. 28 Texas Administrative Code §134.600 sets out the preauthorization, concurrent review and voluntary certification of healthcare guidelines.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits dated May 13, 2010, May 19, 2010 and May 21, 2010
 - 197 – Precertification/authorization/notification absent
 - 930 – Pre-authorization required, reimbursement denied
 Explanation of benefits dated February 10, 2011
 - 138 – Appeal procedures not followed or time limits not met
 - 193 – Original payment decision is being maintained, upon review, it was determined that this claim was processed properly
 - 879 – Rule 133.250 (B) – Health care provider shall submit the request for reconsideration no later than 1 months from the ate of service
 - 891 – No additional payment after reconsideration
 - 760 – Preauthorization limited session/visit to no more than 1 hr; no more than 4 cpt codes and no more than 45 minutes of cumulative timed codes
 - 198 – Precertification/authorization exceeded

Issues

1. Did the requestor submit the request for Medical Fee Dispute Resolution (DWC060) for date of service March 8, 2010 within the one year filing deadline?
2. Did the requestor submit convincing documentation providing evidence of insurance carrier receipt of the request of an EOB?
3. Did the requestor obtain preauthorization for the disputed physical therapy services?
4. Did the requestor bill for the number of units authorized by the insurance carrier?
5. Did the requestor submit documentation to support the billing of the disputed services?
6. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §133.307 states in pertinent part “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division: (1) Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.”
 - The Medical Fee Dispute Resolution section received the DWC060 on March 10, 2011. The requestor disputes date of service March 8, 2010.
 - Date of service March 8, 2010 was submitted over the one year filing deadline and are therefore is not eligible for review.
 - The remaining dates of service March 10, 2010, March 12, 2010, March 17, 2010, March 19, 2010 and March 26, 2010 were submitted timely and will be reviewed according to the applicable guidelines.
2. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division: (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include:(K) a paper copy of each explanation of benefits (EOB) related to the dispute as originally submitted to the health care provider in accordance with this chapter or, if no EOB was received, convincing documentation providing evidence of insurance carrier receipt of the request for an EOB...”
 - The requestor disputes dates of service March 10, 2010, and March12, 2010.
 - The insurance carrier disputes that the requestor has not substantiated it submitted all the bills listed on the table to the insurance carrier.
 - The requestor did not include copies of EOBs with the DWC 60 request and did not submit sufficient documentation providing evidence of insurance carrier's receipt of the request for an EOB. Therefore, dates of service March 10, 2010 and March 12, 2010 are ineligible for MFDR review.

3. Per 28 Texas Administrative Code §134.600 “(p) Non-emergency health care requiring preauthorization includes... (5) physical and occupational therapy services...”
 - Review of the preauthorization letter issued by Texas Mutual Insurance dated March 3, 2010 states in pertinent part “Per mutual agreement with Sheree at Integra Specialty Group, preauthorization is given for Physical Therapy 3xWkx2Wks as requested by Dr. Ericksen to be completed between 3/3/10-3/26/10. AND, the approved physical/occupational therapy sessions/visits are limited to a SINGLE SESSION PER DAY, FOR THE COMPENSABLE INJURY (ALL BODY AREAS) and, that session is limited to 45 minutes to 1 hour duration, no more than 4 CPT codes (97 codes) per session and no more than 45 minutes of cumulative timed codes. Preauthorization and concurrent reviews do not affect the application of the NCCI edits and CMS bundle status or reimbursement methodologies.”
4. Per 28 Texas Administrative Code §133.307 “(c) Requests. Requests for MFDR shall be filed in the form and manner prescribed by the division. Requestors shall file two legible copies of the request with the division. (2) Health Care Provider or Pharmacy Processing Agent Request. The requestor shall provide the following information and records with the request for MFDR in the form and manner prescribed by the division. The provider shall file the request with the MFDR Section by any mail service or personal delivery. The request shall include: (M) a copy of all applicable medical records related to the dates of service in dispute...” Review of the submitted documentation finds the following:
 - Date of service, March 17, 2010: The requestor billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), 97032 (2 units = 30 minutes), 97035 (one unit = 15 minutes), for a total of 105 minutes.
 - Date of service, March 19 2010: The requestor billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), 97032 (2 units = 30 minutes), 97035 (one unit = 15 minutes), for a total of 105 minutes.
 - Date of service, March 26, 2010: The requestor billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), for a total of 60 minutes.
5. 28 Texas Administrative Code §134.203 states in pertinent part “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications... (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year.”
 - Preauthorization was obtained for 45 to 60 minute duration. The requestor is therefore entitled to 45-60 minute durations of physical therapy services per date of service listed below.
 - **Date of service, March 17, 2010**
 The requester billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), 97032 (2 units = 30 minutes), 97035 (one unit = 15 minutes), for a total of 105 minutes.
 The requester is entitled to reimbursement for CPT codes 97110 (30 minutes), 97112 (15 minutes) and 97140 (15 minutes) for a total of 60 minutes. Reimbursement is recommended in the amount of \$172.12.
 The requester exceeded the preauthorized number of units and is therefore not entitled to reimbursement for 30 minutes (two units) of CPT code 97032, and 15 minutes (one unit) of CPT code 97035.
 - **Date of service, March 19 2010**
 The requester billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), 97032 (2 units = 30 minutes), 97035 (one unit = 15 minutes), for a total of 105 minutes.
 The requester is entitled to reimbursement for CPT codes 97110 (30 minutes), 97112 (15 minutes) and 97140 (15 minutes) for a total of 60 minutes. Reimbursement is recommended in the amount of \$172.12.
 The requester exceeded the preauthorized number of units and is therefore not entitled to reimbursement for 30 minutes (two units) of CPT code 97032, and 15 minutes (one unit) of CPT code 97035.
 - **Date of service, March 26, 2010**
 The requester billed CPT codes 97110 (2 units = 30 minutes), 97112 (one unit = 15 minutes), 97140 (one unit = 15 minutes), for a total of 60 minutes.
 The requester is entitled to reimbursement for CPT codes 97110 (30 minutes), 97112 (15 minutes) and 97140 (15 minutes) for a total of 60 minutes. Reimbursement is recommended in the amount of \$172.12.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$516.36.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$516.36 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	<u>May 23, 2013</u>
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.